

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 09/26/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445404	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 09/23/2014
NAME OF PROVIDER OR SUPPLIER BLOUNT MEMORIAL TRANS CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	
(X4) ID PREFIX TAG K 067 SS=E	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION).	ID PREFIX TAG K 067	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 10/27/14
	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, it was determined that the facility failed to inspect all fire dampers.</p> <p>The findings include:</p> <p>Observation and record review on September 23, 2014 at 10:35 a.m. revealed 27 fire dampers were not serviced. Documentation stated that the 27 fire dampers were not serviced because it was "out of arms reach", "obstructed", or has "restricted access".</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on September 23, 2014.</p> <p>NFPA 90A States: 2-3.4 Air Duct Access and Inspection. 2-3.4.1* A service opening shall be provided in air ducts adjacent to each fire damper, smoke damper, and smoke detector. The opening shall be large enough to permit maintenance and resetting of the device. A-2-3.4.1 Access doors for fire dampers should be located</p>		<p>NFPA 90A</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The 27 fire dampers listed have now been tested and serviced effective 10/24/14. Those dampers that were "out of arms reach", "obstructed", or had "restricted access" are now positioned so that each can be serviced.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents in the TCC (facility) were considered to have the potential to be affected.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,</p> <p>All dampers were inspected and repaired as indicated by 10/24/14 and are reported to be in compliance with NFPA 09A.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.</p> <p>Maintenance staff will inspect dampers at least every four (4) years or as needed.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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BLOUNT MEMORIAL TRANS CARE CTR

STREET ADDRESS, CITY, STATE, ZIP CODE

2320 EAST LAMAR ALEXANDER PKWY

MARYVILLE, TN 37804

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K 067

Continued From page 1

so that the spring catch and fusible links are accessible when the damper is closed. Where the size of the duct permits, the minimum access door size should be 18 in. 16 in. (45.7 cm 40.6 cm). For dampers that are too large for an ordinary person's arms to reach from outside the duct to reset the damper and replace the fusible link, the minimum size for the access door should be increased to 24 in. 16 in. (61 cm 40.6 cm) to allow the entrance of an individual. Access doors should be located as close as practicable to fire dampers and smoke dampers. If feasible, the underside of the duct should be used rather than a side door. Many fire dampers and smoke dampers are preloaded with powerful springs that force the damper to shut. These dampers need to be opened against these springs, which could necessitate the ability to get two arms into the duct.

5-2 Fire Dampers, Smoke Dampers, and Ceiling Dampers.

All fire dampers, smoke dampers, and ceiling dampers shall be operated prior to the occupancy of a building to determine that they function in accordance with the requirements of this standard.

K 069 NFPA 101 LIFE SAFETY CODE STANDARD

SS=D

Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6 NFPA 96

This STANDARD is not met as evidenced by:
Based on observation and record review, it was determined that the facility failed to install the upblast fan in accordance with NFPA 96.

K 067

K 069 NFPA 96A:

10/27/14

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,

The hinge kit and all-weather grease collection container for the upblast fan were installed on 10/21/14. Installation records are on file.

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K 069	<p>Continued From page 2</p> <p>Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations.</p> <p>The findings include:</p> <p>Based on observation and record review on September 23, 2014 at 9:30 a.m. revealed the upblast fan for the Kitchen hood is not hinged and is not provided with an enclosed all weather grease collection container.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on September 23, 2014.</p>	K 069	<p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents in the TCC (facility) were considered to have the potential to be affected.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The hinge kit and all-weather grease collection container for the upblast fan were installed on 10/21/14. Installation records are on file.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.</p> <p>Maintenance staff will inspect kitchen equipment for compliance with Life Safety codes semi-annually.</p>	